

PART B - FEE(S) TRANSMITTAL

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7590

08/04/2006

Philip R. Warn

~~WARN, BURGESS & HOFFMANN, P.C.~~

P.O. BOX 70098

ROCHESTER HILLS, MI 48307

Warn, Hoffmann, Miller & Lalone, P.C.

Certificate of Mailing or Transmission
 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Philip R. Warn	(Depositor's name)
<i>[Signature]</i>	(Signature)
November 6, 2006	(Date)

11/09/2006 WABDEL3 00000047 09942130

01 FC:2501 700.00 OP
 02 FC:1504 300.00 OP
 03 FC:1001 30.00 OP

03 FC:1001	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/942,130	DGI-105-A	6581

TITLE OF INVENTION: EXPANDED FUNCTIONALITY PROTOCOL ADAPTER FOR IN-VEHICLE NETWORKS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO YES	\$1400 \$700	\$300	\$0	\$1700 \$1000	11/06/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
HUYNH, KIM T	2112	710-315000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Warn, Hoffmann, Miller & LaLone, P.C.
 2 _____
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Dearborn Group, Inc.

Farmington Hills, Michigan

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies 10

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☒ A check is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized to charge any additional fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 501612 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

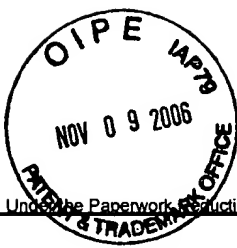
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Authorized Signature

Date November 6, 2006Typed or printed name Philip R. WarnRegistration No. 32775

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PTO/SB/21 (09-04)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/942,130
Filing Date	08-29-2001
First Named Inventor	McClure et al.
Art Unit	2112
Examiner Name	Kim T. Huynh
Attorney Docket Number	DEA-00003

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Issue Fee Transmittal Form PTOL-85; Check; Return Receipt Postcard
Remarks Enclosed is a check in the amount of \$1,030.00 (\$700.00 - Issue Fee; \$300.00 - Publication Fee; \$30 - 10 Advance Copies of Patent). In the event that overpayment occurs, or if any additional fees are due in order to prevent the abandonment of this application, please consider this as authorization to credit/charge Deposit Account No. 501612 (Warn, Hoffmann, Miller & LaLone, P.C.) for any such fees. A duplicate copy of this document is enclosed for this purpose.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Warn, Hoffmann, Miller & LaLone, P.C.		
Signature			
Printed name	Philip R. Warn		
Date	November 6, 2006	Reg. No.	32775

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

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Typed or printed name	Philip R. Warn - Reg. No. 32775	Date	November 6, 2006

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